

ARKANSAS STATE BOARD OF PHARMACY
101 East Capital, Suite 218
Little Rock, AR 72201

CLOSING OF PHARMACY FORM

NAME OF PHARMACY _____

PERMIT NUMBER _____ -- _____

ADDRESS _____

CITY STATE ZIP

- [] A final inventory of controlled drugs is attached.
(Actual count on CII, a close estimate on CIII – CV.)
- [] D.E.A. has been sent a final controlled substance inventory, the controlled substance registration certificate and voided unused 222 order forms.
- [] All controlled drugs have been transferred to:

Name of Pharmacy DEA Number

City State Zip

- [] Patient files have been transferred to:
- _____

City State Zip

- [] Patients have been notified of location of patient files.
- By what method? _____
- _____

- [] Within 30 days, I will remove all pharmacy related exterior signs.

- [] Arkansas State Board of Pharmacy, Pharmacy Permit is attached.

The last day of operation for this pharmacy was ____ / ____ / ____

SIGNED _____
OWNER

SIGNED _____
PHARMACIST IN CHARGE